

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 4041A-000007

First Inventor Patrick Powell et al

Title Vapor Vent Valve For Fuel Pump Module

Express Mail Label No. EL 623 313 547 US

U.S. PTO  
22386 10/694254  
10/27/03

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification [Total Pages 13]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table,  
or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 1 ]

5. Oath or Declaration [Total Pages 2 ]  
a.  Newly executed (original or copy)  
b.  Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)

i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76

7.  CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a.  Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i.  CD-ROM or CD-R (2 copies); or  
ii.  paper  
c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9.  Assignment Papers (cover sheet & document(s))

10.  37 C.F.R. §3.73(b) Statement  Power of  
(when there is an assignee) Attorney

11.  English Translation Document (if applicable)

12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
Citations

13.  Preliminary Amendment

14.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16.  Request and Non Publication under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.

17.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76: Continuation  Divisional  Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

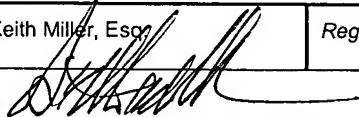
 Customer Number or Bar Code Label

27572

or  Correspondence address below

(Insert Customer No. or Attach bar code label here)

|         |                                  |           |              |          |                  |
|---------|----------------------------------|-----------|--------------|----------|------------------|
| Name    | Harness, Dickey & Pierce, P.L.C. |           |              |          |                  |
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| Address | P.O. Box 828                     |           |              |          |                  |
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| City    | Bloomfield Hills                 | State     | MI           | Zip Code | 48303            |
| Country | United States of America         | Telephone | 248-641-1600 |          | Fax 248-641-0270 |

|                   |   |                                   |                       |
|-------------------|---|-----------------------------------|-----------------------|
| Name (Print/Type) | H. Keith Miller, Esq.   | Registration No. (Attorney/Agent) | 22,484                |
| Signature         |  |                                   | Date October 27, 2003 |

# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810)

| Complete if Known    |                      |
|----------------------|----------------------|
| Application Number   | To be assigned       |
| Filing Date          | October 27, 2003     |
| First Named Inventor | Patrick Powell et al |
| Examiner Name        |                      |
| Group / Art Unit     |                      |
| Attorney Docket No.  | 4041A-000007         |

| METHOD OF PAYMENT (check all that apply)   |              |          |          |  | FEE CALCULATION (continued)   |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
|--|--------------|----------|----------|--|---|---|--|--|--|--------------|--------------|----------|----------|----------|----------|-----------------|----------|------|-----|------|----|-------------------------------------|----------------------|------|----|------|----|--|----------------------|------|-----|------|-----|---------------------------|----------------------|------|-------|------|-------|--|----------------------|------|------|------|------|--|----------------------|------|--------|------|--------|---|----------------------|------|-----|------|----|--|----------------------|------|-----|------|-----|---|----------------------|------|-----|------|-----|--|----------------------|------|-------|------|-----|---|----------------------|------|-------|------|-------|--|----------------------|------|-----|------|-----|------------------|----------------------|------|-----|------|-----|--|----------------------|------|-----|------|-----|--------------------------|----------------------|------|-------|------|-------|---|----------------------|------|-----|------|----|----------------------------------|----------------------|------|-------|------|-----|------------------------------------|----------------------|------|-------|------|-----|--------------------------------|----------------------|------|-----|------|-----|------------------|----------------------|------|-----|------|-----|-----------------|----------------------|------|-----|------|-----|-------------------------------|----------------------|------|----|------|----|--------------------------------------|----------------------|------|-----|------|-----|---|----------------------|--|--|--|--|--|--|------|-----|------|-----|---|----------------------|------|-----|------|-----|--|----------------------|------|-----|------|-----|---|----------------------|------|-----|------|-----|---|----------------------|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|--|---|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account:<br>Deposit Account Number <input type="text" value="08-0750"/><br><br>Deposit Account Name <input type="text" value="Harness, Dickey &amp; Pierce, P.L.C."/> |              |          |          |  | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td><input type="text"/></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td><input type="text"/></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td><input type="text"/></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td><input type="text"/></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td><input type="text"/></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td><input type="text"/></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td><input type="text"/></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td><input type="text"/></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td><input type="text"/></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td><input type="text"/></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td><input type="text"/></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td><input type="text"/></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td><input type="text"/></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td><input type="text"/></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td><input type="text"/></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td><input type="text"/></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td><input type="text"/></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td><input type="text"/></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td><input type="text"/></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td><input type="text"/></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td><input type="text"/></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td><input type="text"/></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td><input type="text"/></td> </tr> <tr> <td colspan="6">Recording each patent assignment per property (times number of properties) <input type="text" value="40"/></td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td><input type="text"/></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td><input type="text"/></td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td><input type="text"/></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td><input type="text"/></td> </tr> <tr> <td colspan="6">Other fee (specify) _____</td> </tr> <tr> <td colspan="6">*Reduced by Basic Filing Fee Paid</td> <td colspan="2">SUBTOTAL (3) <input type="text" value="(\$ 40)"/></td> </tr> </tbody> </table> |   |  |  |  | Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | <input type="text"/> | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | <input type="text"/> | 1053 | 130 | 1053 | 130 | Non-English specification | <input type="text"/> | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination | <input type="text"/> | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | <input type="text"/> | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | <input type="text"/> | 1251 | 110 | 2251 | 55 | Extension for reply within first month | <input type="text"/> | 1252 | 420 | 2252 | 210 | Extension for reply within second month | <input type="text"/> | 1253 | 950 | 2253 | 475 | Extension for reply within third month | <input type="text"/> | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month | <input type="text"/> | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month | <input type="text"/> | 1401 | 330 | 2401 | 165 | Notice of Appeal | <input type="text"/> | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | <input type="text"/> | 1403 | 290 | 2403 | 145 | Request for oral hearing | <input type="text"/> | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="text"/> | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | <input type="text"/> | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional | <input type="text"/> | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) | <input type="text"/> | 1502 | 480 | 2502 | 240 | Design issue fee | <input type="text"/> | 1503 | 640 | 2503 | 320 | Plant issue fee | <input type="text"/> | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | <input type="text"/> | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) | <input type="text"/> | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | <input type="text"/> | Recording each patent assignment per property (times number of properties) <input type="text" value="40"/> |  |  |  |  |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="text"/> | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="text"/> | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | <input type="text"/> | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | <input type="text"/> | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | SUBTOTAL (3) <input type="text" value="(\$ 40)"/> |  |
| Large Entity   | Small Entity |          |          |  |   |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| Fee Code   | Fee (\$)     | Fee Code | Fee (\$) | Fee Description  | Fee Paid  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1051   | 130          | 2051     | 65       | Surcharge - late filing fee or oath                              | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1052   | 50           | 2052     | 25       | Surcharge - late provisional filing fee or cover sheet           | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1053   | 130          | 1053     | 130      | Non-English specification  | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1812   | 2,520        | 1812     | 2,520    | For filing a request for reexamination                           | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1804   | 920*         | 1804     | 920*     | Requesting publication of SIR prior to Examiner action           | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1805   | 1,840*       | 1805     | 1,840*   | Requesting publication of SIR after Examiner action              | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1251   | 110          | 2251     | 55       | Extension for reply within first month                           | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1252   | 420          | 2252     | 210      | Extension for reply within second month                          | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1253   | 950          | 2253     | 475      | Extension for reply within third month                           | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1254   | 1,480        | 2254     | 740      | Extension for reply within fourth month                          | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1255   | 2,010        | 2255     | 1,005    | Extension for reply within fifth month                           | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1401   | 330          | 2401     | 165      | Notice of Appeal   | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1402   | 330          | 2402     | 165      | Filing a brief in support of an appeal                           | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1403   | 290          | 2403     | 145      | Request for oral hearing   | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1451   | 1,510        | 1451     | 1,510    | Petition to institute a public use proceeding                    | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1452   | 110          | 2452     | 55       | Petition to revive - unavoidable                                 | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1453   | 1,330        | 2453     | 665      | Petition to revive - unintentional                               | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1501   | 1,330        | 2501     | 665      | Utility issue fee (or reissue)                                   | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1502   | 480          | 2502     | 240      | Design issue fee   | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1503   | 640          | 2503     | 320      | Plant issue fee  | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1460   | 130          | 1460     | 130      | Petitions to the Commissioner                                    | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1807   | 50           | 1807     | 50       | Processing fee under 37 CFR 1.17 (q)                             | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1806   | 180          | 1806     | 180      | Submission of Information Disclosure Stmt                        | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| Recording each patent assignment per property (times number of properties) <input type="text" value="40"/>   |              |          |          |  |   |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1809   | 770          | 2809     | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))    | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1810   | 770          | 2810     | 385      | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1801   | 770          | 2801     | 385      | Request for Continued Examination (RCE)                          | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| 1802   | 900          | 1802     | 900      | Request for expedited examination of a design application        | <input type="text"/>  |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| Other fee (specify) _____  |              |          |          |  |   |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| *Reduced by Basic Filing Fee Paid  |              |          |          |  |   | SUBTOTAL (3) <input type="text" value="(\$ 40)"/> |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |
| **or number previously paid, if greater; For Reissues, see above   |              |          |          |  |   |   |  |  |  |              |              |          |          |          |          |                 |          |      |     |      |    |                                     |                      |      |    |      |    |  |                      |      |     |      |     |                           |                      |      |       |      |       |  |                      |      |      |      |      |  |                      |      |        |      |        |   |                      |      |     |      |    |  |                      |      |     |      |     |   |                      |      |     |      |     |  |                      |      |       |      |     |   |                      |      |       |      |       |  |                      |      |     |      |     |                  |                      |      |     |      |     |  |                      |      |     |      |     |                          |                      |      |       |      |       |   |                      |      |     |      |    |                                  |                      |      |       |      |     |                                    |                      |      |       |      |     |                                |                      |      |     |      |     |                  |                      |      |     |      |     |                 |                      |      |     |      |     |                               |                      |      |    |      |    |                                      |                      |      |     |      |     |   |                      |  |  |  |  |  |  |      |     |      |     |   |                      |      |     |      |     |  |                      |      |     |      |     |   |                      |      |     |      |     |   |                      |                           |  |  |  |  |  |                                   |  |  |  |  |  |   |  |

| SUBMITTED BY      |                       | Complete (if applicable)         |        |           |                  |
|-------------------|-----------------------|----------------------------------|--------|-----------|------------------|
| Name (Print/Type) | H. Keith Miller, Esq. | Registration No. Attorney/Agent) | 22,484 | Telephone | 248-641-1600     |
| Signature         |                       |                                  |        | Date      | October 27, 2003 |

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